

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** RIVERVIEW (0008683)  
**Address:** 419 RIVERVIEW AVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/02/1999  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096781      **End Date:** 02/22/2006      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009139    Served 04/26/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
88.08	TERMINATION OF PLACEMENT		

**Survey ID:** 0091038      **End Date:** 08/25/2003      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Complaint History**

**Date Complaint Received: 11/07/2005**

**Date Investigation Completed: 02/22/2006**

Subject Area(s)

ABUSE

Result

SUBSTANTIATED

SOD #

10009139

**Date Complaint Received: 10/26/2005**

**Date Investigation Completed: 02/22/2006**

Subject Area(s)

SUPERVISION

PHYSICAL PLANTS & SAFETY HAZARDS

ADMISSION, TRANSFER & DISCHARGE

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

10009139

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